



North
Northamptonshire
Council

Independent Living and Support



Survey





1) Who is completing this survey?

Me

Someone in my family

Someone I am caring for



2) Tell us about where you live now – do you:

I own my home

I live in a rented council house/flat

I rent from a private landlord

I live in supported living

I live somewhere else



3) Where do you live now?

Wellingborough

East Northants

Corby

Kettering

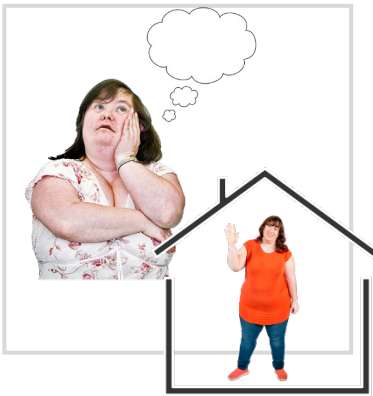


4) Are you planning on moving from where you live in the next 2 years?

Yes

No

Unsure

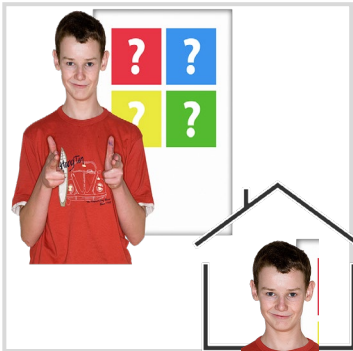


5) Will you think about moving to an independent living scheme one day?

Yes

No

Not sure



6) Would you like to live in?

Wellingborough

East Northants-Oundle

I don't mind

I would like to live somewhere else



7) Do you have support with your care now?

Yes

No



8) Who supports you?

Family

Friends

Funded Care - Paid Carers

Other

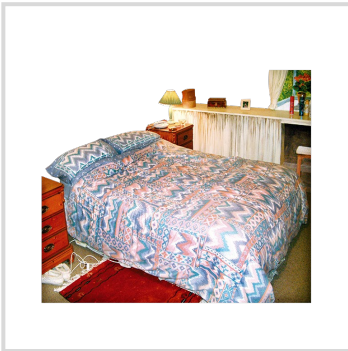


9) If you moved, who would you live with?

Alone

With a partner –boy/girlfriend or husband/wife

Family



10) Would you like one or two bedrooms?

One

Two



11) What is important for you to be happy in your home?

Living with friends or family

Having my own front door

Having shared living space

Having a garden

Being able to have a pet

Having friends and family to visit

Having repairs made quickly

Having a hairdressers on site

Having planned activities

To have good neighbours



12) How old are you?

45 – 49 years old

50 – 54 years old

55 – 64 years old

65 – 74 years old

75 – 84 years old

85 or older



13) What gender are you?

Male

Female

Non binary – I do not see myself as male or female

Prefer not to say

Other



14) Your ethnicity:

Asian British

Indian

Bangladeshi

Pakistani

Chinese

Other Asian background

Black British

Black African



Black Caribbean

Other Black background

White/Black African

White/Black Caribbean

White/Asian

Other Multiple ethnic background

White British

White Gypsy/Irish Traveller

White Irish

Other White

Arab

Other ethnic group

Prefer not to say

15) Please tell us if you have a disability, long term illness, physical, mental health condition or Autism?



Yes – learning disability

Yes – physical disability

Yes – Mental Health needs

Yes – Autism

Yes – Sensory Impairment

I don't have a disability

Prefer not to say

Long-term health condition/illness



16) How does your disability affect you each day?

Not at all

A little bit

A lot

Prefer not to say



If you want to find out more about Independent Living please email the commissioning team at acc@northnorthants.gov.uk OR telephone 0300 126 3000 between the hours of 9am and 5pm.

When asked please select option 1 (Adult Social Care),

Option 2 (Adult Social Care)

and then Option 1 (Adult Social Services).



Thank You for Your Feedback!